

ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF CHILD CARE LICENSING
<http://www.azdhs.gov/als/childcare/index.htm>

Child Care Group Home
Certification Renewal
Application
Packet

This Packet includes:

- 1. Notarized Certification Application Form**
- 2. Controlling Persons**
- 3. Attachment to Application**
- 4. Applicant, Staff and Resident Report**

R9-3-203.A. At least 45 days before the expiration of a current certificate, an applicant for renewal of a certificate shall submit to the Department an application completed using a Department-provided form.

R9-3-203.B. An applicant that submits the items required later than 45 days before the expiration of the current certificate shall submit to the Department the late filing fee in the amount of \$ 25.00 required by A.R.S. § 36-897.01 in the form of a certified check, business check, or money order made payable to the Arizona Department of Health Services.

AMERICANS WITH DISABILITIES ACT

This publication can be made available in alternative format. Please contact the Office of Child Care Licensing at (602) 364-2539 or toll free at 1-800-615-8555, or log on to <http://www.azdhs.gov/als/childcare/index.htm>

ARIZONA DEPARTMENT OF HEALTH SERVICES

Office of Child Care Licensing

NOTARIZED CERTIFICATION APPLICATION FORM FOR CHILD CARE GROUP HOME

1. Name of Applicant _____ SGH Number _____
(Name of individual or business organization applying for certification)

2. Name of Child Care Group Home (if applicable) _____

3. Group Home Address _____
City Zip County

4. Mailing Address of Applicant _____
(if different than the residence) City State Zip

5. Phone Number of the Residence _____ Fax Number _____

6. Phone Number of Applicant (if different than residence) _____

7. Name of Provider, (if different than the applicant) _____
(the person whose principal place of residence is the child care group home and who is designated by the applicant to act on behalf of the certificate holder to be responsible for the daily on-site operation of the child care group home)

8. List of Controlling Persons, (See other side and fill out only if there have been changes)

9. TYPE OF BUSINESS ORGANIZATION - CHECK ALL SECTIONS THAT APPLY & Fill out the Attachment to Application only if there have been changes

- ☐ Individual – Per R9-3-103, application must be signed by the individual
- ☐ Corporation – Per R9-3-103, application must be signed by an officer of the corporation
- ☐ Partnership – Per R9-3-103, application must be signed by one of the partners
- ☐ Limited Liability Company – Per R9-3-103, application must be signed by a manager or if no manager, a member of the LLC
- ☐ Association or Cooperative – Per R9-3-103, application must be signed by a member of the governing board
- ☐ Joint Venture – Per R9-3-103, application must be signed by one of the individuals signing the joint venture agreement
- ☐ Business Organization other than those listed above – Per R9-3-103, application must be signed by an individual who is a member of the business org.

10. If there is agricultural land located within ¼ mile of the home, complete that portion on the Attachment and submit a copy of the Buffer Zone requirement and records that the agreement is in the Office of the County Recorder as a restrictive covenant running with the title to the land.

I have included a certified check, business check or money order made payable to the Arizona Department of Health Services for \$ 30.00.

I have included a late fee of \$ 25.00 if the application will not be received at least 45 days before the expiration date.

I am at least 21 years of age.

I am the individual designated under R9-3-103 and have the authority to sign on behalf of the applicant.

I affirm that no Controlling Person has been denied a certificate to operate a child care group home or a license to operate a child care facility for the care of children in this state or another state, unless the denial was based on the controlling person's failure to complete the certification or licensing process according to a required time-frame.

I affirm that no Controlling Person has had a certificate to operate a child care group home or a license to operate a child care facility revoked or suspended in this state or another state for reasons that relate to endangerment of the health and safety of children.

I agree to allow the Department to submit supplemental requests for information.

I have read and will comply with A.R.S. Title 36, Chapter 7.1, Article 4 and this Chapter.

I have sufficient financial resources to comply with A.R.S. Title 36, Chapter 7.1, Article 4 and this Chapter.

I affirm that I am aware of my obligation to comply with local laws, including zoning, building and fire.

Under penalty of law, I declare that the information provided in the application, including the information in the documents attached is accurate and complete.

Print Name/Title

Signature

(Signature must be original and notarized and
no correction fluid may be used)

State of Arizona, County of _____

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)ss
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Subscribed and sworn before me, a Notary Public, this _____ day of _____, 20____ By _____
(name of signatory)

My Commission Expires: _____

Notary Public's Signature

CONTROLLING PERSONS

A.R.S. § 36-881. defines Controlling Persons as a person who:

- a. Has through ownership, the power to vote at least ten per cent of the outstanding voting securities.
- b. If the applicant or licensee is a partnership, is the general partner or a limited partner who holds at least ten percent of the voting rights of the partnership.
- c. If the applicant or licensee is a corporation, an association or a limited liability company, is the president, the chief executive officer, the incorporator, an agent or any person who owns or controls at least ten per cent of the voting securities.
- d. Holds a beneficial interest in ten percent or more of the liabilities of the applicant or the licensee.

Printed Name	Title	Address	Social Security # *	Date of Birth

Applicant's Statutory Agent or the individual designated by the applicant to accept service of process and subpoenas for the applicant:

Name Address
Phone Number _____ Fax Number _____

***Social Security Number is required by Arizona Administrative Code R9-3-201.B.1. for issuance of a child care certificate. Social Security Numbers are confidential and will be redacted from public files.**

CHILD CARE GROUP HOME ATTACHMENT TO APPLICATION

COMPLETE ALL SECTIONS THAT APPLY

☐ **INDIVIDUAL**

☐ **CORPORATION:**

Primary contact person _____
Name Address

Phone Number _____ Fax Number _____

Attach:

- ☐ a. List showing name, title, and address of each officer and board member or trustee
☐ b. A copy of the Articles of Incorporation
☐ c. A Certificate of Good standing issued to the applicant by the Arizona Corporation Commission and dated no earlier than six months before the date of application

☐ **PARTNERSHIP**

Primary contact person _____
Name Address

Phone Number _____ Fax Number _____

Attach:

- ☐ a. List showing name, title, and address of each officer and board member or trustee
☐ b. A copy of the Partnership documents

☐ **LIMITED LIABILITY COMPANY**

Primary contact person _____
Name Address

Phone Number _____ Fax Number _____

Attach:

- ☐ a. List showing name, title, and address of each officer and board member or trustee
☐ b. A certificate of good standing or a registration of good standing issued to the applicant by the Arizona Corporation Commission and dated no earlier than six months before the date of application

☐ **ASSOCIATION OR COOPERATIVE**

Primary contact person _____
Name Address

Phone Number _____ Fax Number _____

Attach:

- ☐ a. List showing name, title, and address of each officer and board member or trustee
☐ b. A copy of the Business Organization's Articles

☐ **JOINT VENTURE**

Primary contact person _____
Name Address

Phone Number _____ Fax Number _____

Attach:

- ☐ a. List showing name, title, and address of each officer and board member or trustee
☐ b. A copy of the Joint Venture documents

☐ **BUSINESS ORGANIZATION**

Primary contact person _____
Name Address

Phone Number _____ Fax Number _____

Attach:

- ☐ a. List showing name, title, and address of each officer and board member or trustee
☐ b. A copy of the Business Organization documents

Agricultural Land Information: If applicable, list the name and address of the owner(s) or lessee(s) of agricultural land located within ¼ mile of the group home.

Name	Street	City	Zip Code

Attach documentation of the Buffer Zone requirement recorded with the Office of the County Recorder.

ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF CHILD CARE LICENSING
APPLICANT, STAFF AND RESIDENT REPORT

LS _____

Applicant/Facility Name _____ CDC/SGH Number _____

Address _____ City _____ Zip _____

*Applicant **Staff Members Residents Provider	Social Security Number	Birth Date Mo/Yr	Hire Date Mo/Yr	Job Title/ Relation- ship	HighSch diploma or GED Date Mo/Yr	***Fingerprint Registration				
						Date FP App Submitted To DPS	DPS App Number	Clearance Card Exp Date	Clearance Card Number	Date Notarized Affidavit Completed

Please keep a copy for your records and return the original copy to the Office of Child Care Licensing.

** List all personnel at the facility

*** Anyone 18 yrs or older must be fingerprinted and registered

By signing below, I signify that the information on this form is accurate and complete.

Applicant/Director/Provider Printed Name

Signature

Date